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#### BOARD OF REGISTRATION FOR PROFESSIONAL ENGINEERS AND LAND SURVEYORS PO BOX 9025

OLYMPIA WA 98507-9025 (360) 664-1575

#### PROFESSIONAL LAND SURVEYOR

Application Instructions

The following instructions have been prepared to assist you in filling out your application for registration. Proper attention to details will avoid delays in processing and will help expedite its final acceptance. Failure to completely and properly fill out your form will not only cause delays, but may result in your having to wait until the next examination.

# The following persons may qualify for the PLS examination

- 1. Those individuals having an approved Baccalaureate degree in land surveying. This degree is equivalent to four years of land surveying experience. An additional four years of qualifying experience as defined in WAC 196-16-010 (2) is required. An official transcript with the degree posted must be submitted.
- 2. Those individuals having an associate land surveying degree must apply by submitting a combination of education and experience. Official transcripts required.
- 3. These individuals having vocational or other land surveying courses must apply by submitting a combination of education and experience. Official transcripts required.
- 4. Those individuals applying by experience only.
- 5. Comity applicants must apply using the same criteria.

#### Disability

If you have disabilities that require special arrangements for either access to or taking the exam, please let us know in writing. We can then take steps to accommodate your needs. A physician's statement may be required.

#### **Education Note**

List your educational background in the space allotted. An official transcript must be sent from the school to the Board for any educational credit toward experience that you wish to obtain.

### **Application Status**

After the application has been reviewed by staff, you will receive a letter. It will either state that the application is complete and being sent to the Board for evaluation or it will list the items you are still required to submit to complete your application. Once the Board has made a determination, you will receive a schedule letter if approved or a letter of explanation if not approved. Those approved and scheduled, will receive a notice approximately two to three weeks prior to the examination with specific details regarding where and when to arrive for testing. The locations of examination sites are strictly a function of facilities available and the number of people taking the exam.

**NOTE:** We urge you not to wait until you have heard from the Board to start studying for the examination. There may not be enough time to adequately prepare for the examination.

#### Submitting the application

Send the completed application form and required payment to the Board's office address above. Checks and money orders should be made payable to the Washington State Treasurer.

Applications received without payment cannot be processed, will not be considered a timely submission and will be returned to the applicant





BOARD OF REGISTRATION FOR PROFESSIONAL ENGINEERS AND LAND SURVEYORS PO BOX 9048 OLYMPIA WA 98507-9048 (360) 664-1575

APPL	LICATION	<b>FOR</b>	REGISTR	ATION	AS A	١

## PROFESSIONAL LAND SURVEYOR

Please type or print clearly

Show your name as you want it to appear on the wall certificate. The name will be in proper order on the certificate (i.e., last name last).

FOR VALIDATION ONLY

Make remittance payable to: State Treasurer Send this application with your remittance to: PO Box 9048

A	gc	li	ca	n	t	h	nf	O	rr	n	a	ti	0	n
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Applicant Information			Oly	ympia, WA 9850	7-9048
Applicant's Name	-	FIRS	T		MIDDLE
Birthdate / / So				Gend	
☐ Comity ☐ Examination	Exam location prefe	rence: [	☐Western	Washington	☐ Eastern Washington
Correspondence Address					
City	State	Zip		County_	
Present Position					
Business Name					
Business Address					
City	State	Zip		County_	
Business Phone ()		Home Ph	one (	)	
Have you previously filed an applica	_	☐ Yes  Date A	□ No pplied:		
Have you ever had any disciplinary  If yes, explain:			] Yes	□No	
Previous and current regis					
$\square$ Written LSIT exam in state of $\_\_$		□ v	Vritten PLS	exam in state	of
Number(s) and date(s) of original co	ertificate(s): PLS #			Date	
	LSIT #			Date	
	PE#			Date	
Is certificate now in force in original					
Has certificate ever been revoked/s			□ No		
Other states in which registered					
Comity Applicants: State of most	recent residence and pra	ctice			

PPLICANT'S NAME:			BIRTH DATE:			
ducational Background	DATE	CO OF ATTENDANCE	T			
NAME AND LOCATION OF COLLEGES, UNIVERSITIES, TECHNICAL SCHOOLS	FROM	S OF ATTENDANCE TO	CURRICULUM	DEGREE/DAT		
	THOW	10				
and Surveyor References	1					
ve names and addresses of five re		lativos who are resp	ancible land curveyers, at lea	et throo of which e		
e registered professional land sur						
registered professional fand sur	veyors, naving p	Total Kilowicage				
NAME	POSITION	ADDF	RESS/CITY/STATE	CERTIFICATE NO		
2.						
3.						
ł. 						
5.						
No. 11161 - 111 - 11						
Certification						
certify under penalty of perjury un	der the laws of t	the state of Washingt	on that the foregoing is true	and correct.		
ignature <b>X</b>						
ate and place of certification						
·						

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Experience				oncompace th	a antira tima fram
leaving college	(if applicab	le) or begir	nts below beginning with the most recent. This list is to nning your land surveying career to the present time surveying work must also be included.	. Those period	ds while in school
		PERIOD	surveying work must also be included.	SURVEYING	
EVENT NO.  BEGIN WITH MOST RECENT	FROM MONTH - YEAR	TO MONTH - YEAR	EMPLOYER/EVENT	RELATED? YES OR NO	DO NOT MARK HERE
	1	1	1	1	

BIRTH DATE:\_\_\_\_

APPLICANT'S NAME: \_\_\_

# LAND SURVEYING

BOARD OF REGISTRATION FOR PROFESSIONAL ENGINEERS AND LAND SURVEYORS PO BOX 9025

OLYMPIA WA 98507-9025 (360) 664-1575

# **EXPERIENCE AND VERIFICATION FORM**

Forms may be photocopied for additional events

# **Instructions for Applicant**

After completing the work experience descriptions on the following pages, send them and this form to your supervisor or self-employment reference, whichever is applicable, to verify your descriptions. Additional sheets may be attached if needed, but please identify the categories you are describing.

# Instructions for Applicant's Supervisor/Reference

Upon completing your verification, please return this form and the attached work experience descriptions directly to the Board office at the above address.

# Work Experience Information - to be Completed by Applicant

Applicant's Name	Birth Date
In the second of	
Employed by	
Supervisor/Reference Name and Title	
Supervisor/Reference Business Address	
City State Zip	Telephone No
Dates of Employment: From To	
Job Title	
Work Experience or Self-Employment Verification - To be Completed by Supervisor or Self-Employment	Reference
Name of person completing this verification	
If not applicant's supervisor for this event, state your relationship	
Do you agree with the applicant's employment time and hours worked	? ☐ Yes ☐ No
If no, please explain	
Do you agree with the applicant's description or work and duties? $\Box$	Yes
If no, please explain	
During this time of employment, has the applicant been responsible fo $\hfill \square$ Yes $\hfill \square$ No	r making independent judgements and decisions?
Would you recommend this applicant for registration if requirements as	re met?  Yes  No
In which categories (A through F on the attached page) do you believe	the applicant is knowledgeable and prepared to be
examined for admission to the profession? $\square$ A $\square$ B $\square$	C DD DE DF
If not a <b>licensed</b> land surveyor, under what authority are you practicing la	and surveying? (i.e. federal agency, county engineer,
Dept. of Transportation, etc.)	
Number of years of surveying experience	
RCW 18.43.040 states that no person shall be eligible for registration as a land you have any comments concerning this requirement as it relates to this appli	
X SIGNATURE DATE STREET	ADDRESS
PROFESSIONAL REG. NUMBER STATE CITY, STA	TE, ZIP

APP	LICANT'S NAME	PLS EVENT NO.	<u>.</u>
Wo	ork Experience Descriptions - to be completed by applica	nt	
work surv the ( (A-F cont	tructions - WAC 196-16-010 (2) requires eight years of broad based, progres k under the direct supervision of a person authorized by Chapter 18.43 RCW reying, of which a minimum of four years shall be in a position of making ind general guidance and direct supervision of an authorized professional. This experience for each event. When describing your experience for each event and a tribution to land surveying projects. Avoid terms like "participated in", "involved duties. Explain in detail your thought processes. The Board must be able	I or other applicable statute to pra ependent judgements and decisi operience is broken down into six opplicable category, be specific a ned with, or similar generalities.	actice land ions under categories about your
For	r this event, describe your experience in Applying state, federal, and case law.		
Α.	Applying state, lederal, and case law.		
B.	Exercising sound judgement when making independent desicions regard horizontal and vertical control, and mapping issues.	ing complex boundary, topograp	hic,
C.	Field identification and evaluation of boundary evidence, including monun evidence for boundary determination.	nentation and the ability to use the	hat

APPLICANT'S NAME	PLS EVENT NO
Work Experience Descriptions - continued	
For this event, describe your experience in	
D. Conducting research.	

Preparing and analyzing complex property descriptions.

Interacting with clients and the public in conformance with Chapter 196-27 WAC.

E.

F.

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# Directions for Completing License/Examination Verification Form

These instructions pertain to applicants that meet any of the below listed criteria:

- 1. You are applying for licensure (engineer or land surveyor) based on comity (interstate registration) from another state or jurisdiction.
- 2. You are applying for licensure as a professional engineer by examination and you passed the fundamentals of engineering (EIT) in another state or jurisdiction.
- 3. You are applying for licensure as a professional land surveyor by examination and you passed the fundamentals of land surveying (LSIT) in another state or jurisdiction.

Verification of licensure and/or examination in another state or jurisdiction is a very important part of the application evaluation procedure. In an effort to streamline the application process and provide more timely service to the applicant, we ask your assistance in verifying your license and/or exams in another state. Please follow the instructions listed below in completing the attached LICENSE/EXAMINATION VERIFICATION FORM (pages 9 and 10 of 11).

- 1. Complete Part 1 (Applicant data) portion of the form. Please type or print clearly.
- 2. Mail the completed form to the Board Office of the state/jurisdiction of original licensure. This is the state/jurisdiction in which you were originally licensed (professional engineer or professional land surveyor) by examination.
- 3. If you are seeking verification of the successful completion of the fundamentals of engineering (EIT) or the fundamentals of land surveying (LSIT) examinations, send the form to the state board in which your exam was administered.
- 4. If your most recent state/jurisdiction of residence and practice is different than the state/jurisdiction of original licensure, you also need to mail a completed copy of this verification form to the Board Office of the recent state/jurisdiction.

#### **NOTES:**

- It is important that this form be completed and mailed to the appropriate board office immediately. Your application may not be evaluated until this information is received by our office.
- Some boards require payment of a fee for licensure or examination verification. Payment of the required fee is the responsibility of the applicant.
- If you are applying with a National Council of Examiners for Engineering and Surveying (NCEES) Record, do not complete this form. Verification data is included in the record.
- Please call our office at (360) 664-1575 if you are unable to determine the address of the required Board of Registration.
- If you are sending the verification form to more than one State Board, you may photocopy this form.
- If you are applying for licensure by comity, it is necessary that your original license by exam or present state license be current.





BOARD OF REGISTRATION FOR PROFESSIONAL **ENGINEERS AND LAND SURVEYORS** PO BOX 9025 OLYMPIA, WA 98507-025

# (360) 664-1575

# LICENSE/EXAMINATION **VERIFICATION FORM**

		Applicant	Data	
Name			FIRST	
	LAST		FIRST	MIDDLE
Address				
			ecurity No	
			registrations relative to this S	tate Board be verified.
Provide the Board v	with the applicable	e Certificate numbe		
PE Cert #			LS Cert #	<del></del>
EIT Cert #			LSIT Cert #	
Struc. Cert #				
2: <b>LICENSING B</b> ( Washington Sta	OARD TO COMP ate Board of Regis	PLETE and forward stration for Profess		
2: <b>LICENSING B</b> ( Washington Sta	OARD TO COMP ate Board of Regis	PLETE and forward stration for Profess	l to:	
2: <b>LICENSING B</b> ( Washington Sta	OARD TO COMP ate Board of Regis son is/was register	PLETE and forward stration for Profess red as:  Cert	l to: ional Engineers and Land S Date	urveyors Expiration
2: <b>LICENSING B</b> o Washington Sta he above named pers	OARD TO COMP ate Board of Register con is/was register	PLETE and forward stration for Profess red as:  Cert	l to: ional Engineers and Land S Date	urveyors Expiration
2: LICENSING BO Washington Sta The above named pers  Professional Engin	OARD TO COMP ate Board of Register son is/was register neer	PLETE and forward stration for Profess red as:  Cert	l to: ional Engineers and Land S Date	urveyors Expiration

II. Basis of regist	tration:			5
Written	examination			
	Hours	NCEES	State Board	Other (explain)
FE _				
PE _				
STRUC				
FLS _				
PLS _				
Examination	Option: (Discipline)			
·				
,				
Other, please give	e full details below.			
III. Has disciplin	ary action been taken aç	gainst this individual?	Yes No	
If the answer	r to this question is yes, p	olease provide details on a	an attached sheet.	
		Person Completing Th	nis Form	
Name				
Title				
Date			(BOARD S	EAL)
State/Jurisdiction				

DO NOT RETURN ORIGINAL TO APPLICANT, MAIL COMPLETED FORM TO:

Washington State Board of Registration for Professional Engineers & Land Surveyors P.O. Box 9025 Olympia, WA 98507-9025

# **Checklist For Applicants**

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Before you mail your application to the Board, please check the following items carefully.

#### Have you:

- Included the correct application payment? Check the schedule for the appropriate amount.
- Signed the personal certification on page 3?
- Provided completed forms to your supervisors or self-employment references to verify your land surveying work?
- Accounted for all of your time since achieving a degree or beginning land surveying work?
- Requested your school send an official transcript **directly** to this office (if applicable)? Photocopies are not acceptable.

Your careful attention to these details will allow us to process your application promptly.

Failure to complete the application will result in delays and may cause postponement of your examination or registration.